ALERT

THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

News from the UFMCC on AIDS Legislation, Education, Research and Treatment.

AUGUST & SEPTEMBER 1989
Editor: Rev. Stephen Pieters

SPECIAL DOUBLE ISSUE

Because of the UFMCC General Conference in July, the August and September issues of ALERT are being combined.

FACING AIDS AT UFMCC GENERAL CONFERENCE XIV

(by Rev. A. Stephen Pieters, Field Director of the UFMCC AIDS Ministry)

At the Friday evening worship service of the UFMCC General Conference in St. Paul, MN, Rev. Elder Nancy Wilson preached that the people with AIDS present had reached out and healed the General Conference at that morning's AIDS Forum.

Four years ago, at the Sacramento General Conference, Dean Sandmire and I were the only two persons with AIDS present (that we knew about). There was a special bond between us because of a disease we shared. But the AIDS Forum on Thursday drew a small percentage of the conference attendees. Some of us discussed the denial in UFMCC about AIDS.

Two years ago, at the Miami Beach General Conference, there were 8-10 of us at the PWA meeting, which was held late in the week. We told each other our stories and gained strength from being with each other. There was little political consciousness among us, in terms of how we might get something going around AIDS on a Fellowship level. One MCC Pastor who came into MCC from the political movements of the sixties, said, "You people in the younger generation just don't know how to get things done on the top levels. Unfortunately, you're the ones getting AIDS."

That fall, the General Council created the UFMCC AIDS Ministry, which has been responsible for ALERT, and has tried to respond to the needs of the Fellowship on a very limited budget, with the Field Director paid quarter-time.

This year, in St. Paul, there were 25-30 PWA's and HIV's at the meeting the first night of the Conference. There might have been more, but the late hour sent some PWA's to bed. We told each other our stories, and felt some sense of community.

Privately, there was growing anger that AIDS was being ignored by the Conference. People with HIV and AIDS were asking each other why it just wasn't coming up. Non-infected people were supporting us in our anger. At the Wednesday afternoon business session, the Rev. Brent Hawkes, MCC Toronto, moved that there be an AIDS forum, just as there had been an international forum earlier, to give the opportunity to people with AIDS and others involved to vent their feelings and concerns. Rev. Elder Don Eastman and I were charged with organizing the hour-long forum, to be held Friday morning. The speakers were chosen, with an intent to represent the international diversity of our Fellowship, as well as the diversity of ways that AIDS is experienced by people in our Fellowship as PWA's, as caregivers, as parishioners whose pastors have AIDS.

Wednesday night at the PWA/HIV group meeting, the conversation turned to the upcoming AIDS forum, after stories surfaced of people with AIDS confronting the denial and the fears of their congregations, their pastors, and their parishioners. We felt we had to use the Forum Friday morning to get the Fellowship to snap out of collective denial and act on the crisis. Ideas were thrown back and forth, and a basic plan was decided on. The plan evolved over the next 36 hours, as people came up with other ideas and we began to hear support for our ideas from others at the Conference.

Friday morning, the AIDS Forum was held directly after the first ballot to elect Elders. The Conference floor was filled. The speakers showed in passionate, angry, and faith-filled words, the amazing diversity of living with HIV. The speakers were Rev. Ron Russell-Coons, Rev. Hong Tan, Michael Moffett, Rev. Emmett Watkins, Ms. Lynn Griffis, Rev. Robert Pierce, Ms. Kay Folsom-Neill, and myself.

In order to demonstrate the impact that AIDS/HIV is having on our Fellowship, all of the persons with AIDS present were asked to rise. About 10 people stood. All the people who are HIV positive were asked to rise, and another 15-20 people stood, including some who had never before publically identified themselves. Out of an audience including about 1000 gay men and lesbians, there were obviously a number of infected people who did not rise. It was noted that this was not a reflection on those infected, but on the atmosphere of fear and denial we have allowed to exist in the Fellowship.

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FACING AIDS...(Cont'd)

All the people with AIDS and HIV were asked to step to the back of the room, so the Conference could contemplate our empty chairs. Those who wanted to represent someone who had already died were invited to rise, speak the name, and join us in the back of the room.

About ninety percent of the seats were vacated as we all stood at the back, looking at the empty chairs. People wept and rocked in each other's arms. There was speaking in tongues and interpretation. Rev. Larry Uhrig, MCC Washington, D.C., started back down the aisle with a $50 bill, which he announced he was donating towards funding the UFMCC AIDS Ministry. Everybody followed, singing "God Be My Shelter", pulling cash out of their pockets and piling it up at the foot of the Moderator's podium. Over $5,800 was raised that morning. The Holy Spirit continued to move among us as we wept and held each other.

The next day, an amended budget was passed, funding the Field Director for AIDS Ministry on a full time basis, beginning January 1, 1990.

Many of us who spoke at the Forum have been told how it was the turning point of the Conference, many have thanked us for confronting their denial, some have expressed anger that it forced them to deal with fears they didn't want to face. Some who spoke felt frustrated that there was not enough time, that there was so much more to say, but all who spoke were gratified that they had a chance to be heard, and at least be a part of a positive movement about HIV/AIDS in the Fellowship.

That night, at the PWA/HIV Ice Cream Social, some wondered if the "conversion" experienced at the AIDS Forum really would translate into more action in local churches and on the Fellowship level. There was joy and gratitude that we had been able to act effectively as a group, and that God had acted through us in a powerful way. There was a sense of life and healing among us PWA/HIV's, and we knew we had shared that with the General Conference that morning in St. Paul.

ITINERARY FOR REV. STEVE PIETERS
Field Director for UFMCC AIDS Minstry

August 27 - MCC Boston, Boston, MA
September 9-12 - Washington, D.C.
(Preach at MCC D.C., Keynote Speaker at ANIN Skills Building Conference, and attend ANIN Board of Directors Meeting)
September 15-18 - Vieux Carre MCC, New Orleans, LA
September 24 - AIDS Project Los Angeles Walkathon

GULF LOWER ATLANTIC DISTICT TOUR

Sept. 30 - Charleston, SC	October 5 - Jackson, MS
October 1 - Augusta, GA	October 6 - Nashville, TN
October 2 - Atlanta, GA	October 7 - Johnson Cty, TN
October 3 - Huntsville, AL	October 8 - Charlotte, NC
October 4 - Mobile, AL	October 9 - Raleigh, NC

MONTREAL CONFERENCE: OVERVIEW AND COMMENT

(by John S. James, from AIDS Treatment News, Issue 81, 6/16/89)

The "V International Conference on AIDS", June 4-9 in Montreal, was the major AIDS Conference of 1989. We have found it difficult to cover this meeting.

Why the difficulty? With over 5,000 papers on AIDS presented, we could easily have filled several issues with interesting facts and stories, each one safely documented.

As many as fifteen official meetings ran simultaneously, together with hundreds of poster presentations, as well as press conferences and private or miscellaneous meetings. We had to choose certain areas, and leave important subjects to others. We did not focus on AZT, for example, because we knew that many physicians would be paying close attention to this treatment, and therefore important developments would probably not be lost. Instead, we sought information which could be overlooked by the mainstream, but which the AIDS community might use to save lives.

LACK OF PROGRESS

The central impression from the conference is disappointment at the lack of productivity of the clinical-trial system during the last several years. Dozens of promising drugs are in the research/regulatory pipeline; the problem is getting them out of the pipeline.

Two years ago, when the same conference was held in Washington, D.C., some of the AIDS physicians said, "Next year, in Stockholm." A year ago, after the Stockholm conference, it was, "Maybe next year, in Montreal." This time we did not hear the same expectations for the 1990 conference in San Francisco. The experimental drugs are more promising than ever. But people are learning that the research designs now in use could not possibly release important antivirals for years - even when we already have every reason to believe that the drugs are safe and probably will make an important contribution to therapy.

The world according to press releases designed by public relations professionals is a world where everybody involved shares a sense of urgency, and is proceeding as fast as good science will allow, but no faster. In this world, new treatments could appear almost any time, as if by magic. But a look behind the press releases at the actual design and operation of clinical trials shows

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clearly that there will be no decisive advances in AIDS treatments by the 1990 San Francisco conference, or the 1991 Florence conference either, if the design and management of trials continues as it is going today.

The central problem is not with any one agency, company, or other institution, but with a professional consensus which crosses organizational boundaries and if not changed, will stop any decisive treatment advance from being available for years. Instead of waiting until the 1991 Florence conference, for example, to ask once again why there are no new antivirals to replace or supplement AZT, we can raise the issue now. Some of the failures of upcoming trials are so predictable that we can analyze them before the trials even begin - when some of the problems might be bypassed or avoided - instead of waiting years to only recount the same failures after they have happened.

The professional consensus which guarantees lack of results has been allowed to persist because of national and international lack of leadership on treatment development, lack of commitment to saving lives. In the United States, for example, 97 percent of the 5,100 largest foundations have not given one penny to AIDS (December 1988 report of the Foundation Center, cited in May 17 talk by Dr. Timothy Wolfred, outgoing executive director of the San Francisco AIDS Foundation); of the three percent which have contributed at all, it is well known that most will not touch research or research advocacy. This lack of commitment, so clearly seen in the above tabulation, operates less openly behind the technical complexities of human trials, the legitimate need for caution and control in human research, the cleverly concocted press releases, and the widespread lazy assumption that the experts know best and therefore no further thinking or action by anyone else is necessary.

It is understandable that people and institutions are reluctant to look closely at clinical trials, a complex, technical area where human life is at stake. But in the resulting vacuum, the failure of national leadership and commitment has combined with pre-existing problems in the medical and research systems to lead to a "conventional wisdom" which includes assumptions which guarantee that the clinical-research system will fail to respond to the AIDS public-health emergency.

Something can be done. When the AIDS community is well informed, it can bring key issues into the open and force them to be addressed. By detailed understanding and by persistence, the AIDS community can force key weaknesses in trial design and administration to be addressed, force the spokespersons for the conventional wisdom to state the case for their positions before other medical and research professionals. When their case is weak, the professional consensus which controls clinical research will shift, and much faster shepherding of drugs through the research and regulatory system can quickly become possible.

OUTLINE ON PROMISING TREATMENTS

Many attenders at the Montreal conference (including this writer) agreed that DDI may be the most important single drug in the AIDS research pipeline now. Most of the information presented was not new, but confirmed previous informal accounts (see "DDI Information Published", AIDS Treament News, #78, May 5, 1989). We are still analyzing the conference information, and will follow DDI closely in the future.

Compound Q was not discussed at the conference, although one abstract was published (abstract number C.596).

Soluble CD4 received much favorable attention in talks by Robert Gallo, M.D., and other researchers. So far, however, the efficacy results have been disappointing. While we are not listing this treatment as one of the most promising, some of the scientists who have worked with it remain enthusiastic about this line of research, especially later generations of the drug.

Two posters were presented and three other abstracts were published on hypericin, which continues to look good, although it received little attention at the conference. No human results were included, since no human research has yet been completed.

There were many posters on treatment of opportunistic infections. Except for pneumocystis prophylaxis, the most important single drug was probably fluconazole, a broad-spectrum anti-fungal used in Europe but still not marketed in the United States.

We will report further on promising treatments in future issues.

NEW INFORMATION ON NON-APPROVED TREATMENTS

Treatment possibilities which look less attractive now than they did before the Montreal conference include ribavirin, isoprinosine, dextran sulfate, AL 721, and roxithromycin. Often the new information is ambiguous, so we want to study it further before writing a report. We cover roxithromycin, which failed in treating advanced toxoplasmosis, below.

NEW TREATMENT IDEAS

A number of new ideas were presented, especially in some of the poster presentations.

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MONTREAL CONFERENCE, (Cont'd)

For example, scientists at the University of Pittsburgh tested an organic arsenic compound which had been used to treat syphilis before penicillin was available (abstract number M.C.P.133). The compound, oxophenarsine, was found to be extremely effective against HIV in the test tube, in concentrations as low as 0.035 micrograms/ml. According to one of the presenters whom we met at the poster, it is the only drug known to be able to block the virus in chronically-infected H9 cells. In a similar test, AZT showed no antiviral effect.

We asked about toxicity, as some of the early syphilis treatments were notorious. This one was apparently not as bad as some of the others.

One advantage of this drug, which was once FDA approved, is that much information about human use is already available, published in old medical journals.

Unfortunately no pharmaceutical company anywhere still manufactures this drug, which was used by injection. The Pittsburgh scientists are trying to get the original manufacturer to produce enough for a test. Since the original patent rights have long since expired, other companies could legally do so; the drug is easy to make. (The University of Pittsburgh has applied for a use patent for HIV treatment, in order to make the project attractive to investors and obtain financial support.)

Oxophenarsine could be tested quickly and inexpensively to see if it might be helpful as an AIDS antiviral. Unfortunately it is more likely to be overlooked and ignored, regardless of merit. Few people have both the capability and incentive to make anything happen toward getting this potential treatment tested. We hope that this article will bring the drug and the project for its development to wider attention.

PRESIDENT BUSH NAMES APPOINTMENTS, INCLUDING PERSON WITH AIDS, TO AIDS COMMISSION

Washington, D.C., July 20...President Bush today named two individuals to the National AIDS Commission, including a person with AIDS. The Commission, now complete after the U.S. Congress named its appointees earlier in the year, will evaluate and affect federal policy for fighting the epidemic.

The appointments of Belinda Mason, president of the National Association of People with AIDS and a person with AIDS, and Dr. David Rogers, a professor at Cornell Medical College in New York City, were praised by AIDS community leaders.

Dr. David Rogers currently chairs the New York State Commission on AIDS and is widely respected by AIDS activists. He is the former president of the Robert Wood Johnson Foundation, one of the most active foundations involved in the AIDS crisis.

The AIDS Commission was created by the Omnibus AIDS Bill, passed by Congress last fall.

The Commission will promote the development of a national consensus on AIDS policy. It will evaluate and make recommendations regarding the financing of health care and research relating to AIDS, and is expected to help implement recommendations in the report issued last year by the Presidential HIV Commission chaired by Admiral James Watkins.

"The AIDS Commission appears to be absent of any individuals with right-wing agendas," said Robert Bray, HRCF communications director. "We are optimistic the new Commission will roll up its sleeves and aggressively tackle the challenges poised by an epidemic that shows no signs of diminishing."

THE COLOR OF LIGHT: Meditations For All of Us Living With AIDS

BOOK REVIEW
by Celena Duncan, Pastor
Good Sheperd Parish MCC,
Chicago, Illinois

This book was given to me as a gift; I have since bought it to give as a gift to others. This is an important book for all of us living in this time of AIDS.

The book is set up as a 365-day guide. Some of the reflections do not talk directly about AIDS, yet it is there under the surface. The reflections take their cue from brief statements that are drawn from everywhere: Native American wisdom, A course in Miracles, the Bible, Emmanuel, Joseph Campbell, Louise Hay, Ralph Waldo Emerson, James Joyce, Fritjof Capra, Oscar Wilde, the Upanishads, Sanskrit, Zen and Sufi sayings, Mother Teresa, Shakti Gawain, Walt Whitman, John Fortunato, Carlos Castenada and many Persons with AIDS and ARC.

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THE COLOR OF LIGHT - (Cont'd)

I was struck even before I got into the book proper; just from the acknowledgements and introduction, Tilleraas' sensitivity and understanding of the depth of the issues involved was already profoundly evident. In the introduction, Tilleraas tells of a handsome, young, courageous gay Indian named Richard who danced Heyoehkah (the dance of the sacred clown) at a powwow. The sacred clowns in Native American tradition, are those people within the tribe who "do things differently", challenge people's thinking and shake them up. They walk and dance backward doing everything opposite to the norm. Tilleraas wrote: "That dance made me realize that from the beginning there has been a Heyoehkah response to AIDS. When the normal response was to act with fear and panic, there were people dancing backward, responding with love and confidence."

This book is one of those serendipities that has come about to help us all in learning to focus and direct ourselves to the things of life that really matter.

(The Color of Light - Meditations for All of Us Living with AIDS; by Perry Tilleraas; Hazelden Meditation Series; Harper & Row, SF, 1988, paperback $7.95).

HHS NEWS

(from: U.S. Department of Health and Human Services; ABOUT AZT)

Zidovudine, commonly called AZT, significantly slows progression of HIV infection when given to persons with early AIDS-related complex (ARC), according to results from a placebo-controlled, multicenter clinical trial supported by the National Institute of Allergy and Infectious Diseases in collaboration with Burroughs Wellcome Co.

NIAID Director Anthony S. Fauci, M.D., reported that NIAID has stopped the study on the recommendation of the Data and Safety Monitoring Board reviewing the trial data. All study participants will now be offered zidovudine. The Board reviewed trial data at its regular meeting on August 2.

"For the first time, the benefits of anti-retroviral treatment for patients with early symptomatic HIV infection have been clearly shown," Dr. Fauci said. "In this study, significantly fewer persons receiving zidovudine progressed to advanced ARC or AIDS. This finding could extend treatment to an estimated one to two hundred thousand persons with early symptoms of HIV infection. It also emphasizes how critical it is that persons at risk for HIV infection be tested and seek medical care."

"This study clearly shows that early intervention is important in HIV infection and that zidovudine is well tolerated in persons with early ARC," Dr. Margaret Fischl, Coordinator of the Trial, said.

Food and Drug Administration Commissioner Frank E. Young, M.D., Ph.D., said, "The FDA will work closely with the NIAID and Burroughs Wellcome Co. to translate these important results into wider availability of zidovudine to this category of symptomatic HIV-infected persons."

SENATE COMMITTEE VOTES TO EXTEND FUNDS FOR AIDS DRUGS

Washington, D.C., July 20...The Senate Labor and Human Resources Committee, chaired by Senator Edward Kennedy (D-MA), has approved a three-year authorization for federal funds to help low-income individuals purchase life-prolonging AIDS drugs.

The Low-Income Treatment Assistance Program (LITAP), part of a package of legislative items for the Budget Reconciliation Act of 1989, authorizes $30 million in federal AIDS drug grants to participating states during the first year. States are required to provide matching amounts. The bill stipulates that funds for the remaining two years will be provided as necessary.

The grants will assist persons with HIV-related conditions in the purchase of government-approved drugs, including AZT, ganciclovir, alpha interferon and aerosolized pentamidine.

A federal grant program has been in existence since the FDA licensed AZT for the treatment of AIDS in 1987. However, authorization and funds for the program expired at the end of last March after Senator Jesse Helms (R-NC) killed a bill in Congress that would have extended the program.

The program was continued only after Health and Human Services Secretary Louis Sullivan, at the urging of Senator Kennedy and other Members of Congress, directed HHS to come up with $5 million to extend the subsidy for six more months.

Most states will have spent their previously authorized funds by September 30 - the end of the current fiscal year - if the program is not renewed.

"Past government assistance has been forthcoming and important, but every six months we've had to scramble to find a band-aid fix for expired drug funds," said Robert Bray, Human Rights Campaign Fund communications director. "With LITAP, we've finally got a long-term, substantial remedy for the ongoing problem of affordable, life-prolonging AIDS therapies."

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EXTEND FUNDS...(Cont'd)

The Budget Reconciliation Act, including the LITAP provision, now moves to the full Senate for floor action.

HRCF is asking people to contact their Senators and urge them to support the federal drug subsidy program. Write: Honorable [your Senator], U.S. Senate, Washington, D.C. 20510. Concerned individuals may also enroll in HRCF's pre-authorized Speak Out message program, which sends hard-hitting Western Union messages to the U.S. Congress. To enroll in Speak Out, call HRCF's Field Division at (202) 628-4160.

RESOURCES FOR LIVING WITH AIDS

Available from UFMCC, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; (213) 464-5100.

* "The Facts About Starting a Minority a.i.d.s. Project," by R. Anthony Espinoza, Executive Director of the Grand Rapids, MI, Minority AIDS Project. (Cost: $5.00)

* "AIDS: A Resource Packet from the Faith Fellowship and Order Commission of UFMCC". Includes text of pamphlet, "Is AIDS God's Judgement", two workshops: "Do Not Fear, Only Believe," and "Resurrection Possibilities;" and a two-part sermon series on AIDS by Rev. Jennie Boyd Bull. (Cost: $7.00)

UFMCC INTRODUCES A NEW AIDS PAMPHLET

"SPIRITUAL STRENGTH FOR SURVIVAL: FINDING HOPE TO BE FULLY ALIVE WITH AIDS/HIV" is an important new resource available for persons living with AIDS and HIV infection. Written by Rev. A. Stephen Pieters, a person living with AIDS, this brochure combines principles for long-term survival identified in a San Francisco study with timeless promises given in Holy Scripture. The resulting commentary by Rev. Pieters presents encouraging suggestions from distinctively Christian perspective.

Bulk Rates are:	25 for $ 6.50
	50 for $ 12.00
	100 for $ 20.00
	500 for $ 80.00

Individual introductory copies of the brochure are available free upon request through the month of September from Church Services, UFMCC, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029.

INSIDE THE WASHINGTON LOBBY

(by Laura Markowitz and Chai Feldblum)

Where We Stand at Half-Time

The first session of Congress ended on August 4, leaving a mixed bag on AIDS and gay rights issues.

The 1990 Budget

The 1990 Budget is still in the process of negotiation, although it must be wrapped up by October 1. At the end of July the House Appropriations Committee voted on a budget for the Department of Health and Human Services, including money for AIDS. After the vote, they released a report - an essential document that expresses how Congress intends the money to be spent. The full House of Representatives passed the recommended budget by a vote of 365-58 on August 2. While the overall dollar figure for AIDS looks good, we had some unpleasant surprises in both the budget and report.

The estimated amount of money that will be spent on AIDS during the next fiscal year is $1.6 million. This includes money for research, prevention, education and some direct services. (This figure does not include money spent on services provided through Medicaid, the health program for people with low incomes. The total amount of money the federal government will probably spend on AIDS including Medicaid and Medicare is $2.8 billion.) While $1.6 million is a respectable figure, it is $400 million below what lobbyists and some members of Congress had hoped for.

For the past few years Congress has established a line-item budget for the amount of money that the National Institutes of Health (NIH) is supposed to spend on AIDS research, instead of giving discretion to NIH Administrators. This has saved AIDS advocates from having to fight at NIH level for adequate funding. This year we did not get that line-item designation in the House budget. NIH will receive $7 million, according to the budget, but no specified amount must be spent on AIDS. The Appropriation Committee report read: "The level of activity has now reached the point where AIDS research should be managed by the NIH using the same system as it uses for other critical illnesses such as diabetes and Alzheimer's disease." NIH will decide on the precise amount to be used for AIDS research based on the quality of applications submitted and competing research priorities.

The Committee views AIDS as being no longer a public health emergency that we know it still is. In practical terms, not having a line-item means AIDS advocates will

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INSIDE THE WASHINGTON LOBBY, (Cont'd)

have to start monitoring NIH - a huge task- if no line-item funding level is added to the budget before the finalization of the budget process. Lobbyists are still working with Senators to add in the line-item. The Senate has not yet voted on its budget or written its report so there is still time to get the line-item included.

Sex Survey

The House Appropriations Committee had a nasty surprise for lesbians, gays and people with AIDS. The controversy over a survey the Public Health Service was going to conduct to determine the sexual practices of people in this country was met by every respected commission and organization that has addressed the AIDS epidemic, who insist that this survey is essential to learn about ways to fight the AIDS epidemic. Congressman William Dannemeyer spearheaded the opposition, saying it was a homosexual plot to make it seem that more Americans than previously assumed were homosexuals. While activists were expecting an amendment by Dannemeyer that would kill the survey, the unexpected happened - the House Appropriations Committee took out the $11 million budget for the survey. This move was quietly led by Congressman William Natcher, the powerful chair of the House Health Appropriations Subcommittee. AIDS advocates had no time to respond. Not only did they kill the item, they made a general swipe against such surveys in its report: "A large-scale national survey of sexual behavior...does not appear to be an appropriate use of public funds; if such a survey is necessary, it should be supported with non-governmental funds. The Public Health Service is directed not to proceed with this study.

As with the budget, AIDS lobbyists will be turning to the Senate in September to see if the survey can be included in their budget, or at the least the report item removed. Voting for sex surveys makes members of Congress extremely nervous. At the moment it is unclear whether there is anyone on the Senate Appropriations Committee who would be willing to carry the banner for us.

Hate Crimes Bill

The Hate Crimes Statistics Bill, which would compile statistics on how many hate-related crimes are perpetrated in the country, was passed in the House and is waiting to be introduced on the Senate floor. Gay rights activists expect an anti-gay amendment to be offered by Senator Jesse Helms (R-NC), and are already drumming up opposition to whatever it might be.

The American With Disabilities Act

This piece of legislation would be a major step forward to ensure strong and effective anti-discrimination protection for people with AIDS and HIV infection in the private sector. The ADA would prohibit employers and all private businesses from discriminating against people with disabilities, including people with AIDS and HIV infection.

Late in the evening on August 1, a deal on the ADA was struck between the Bush administration and Senators Tom Harkins (D-Iowa) and Ted Kennedy (D-MA), the original principal sponsors of ADA. Republican Senators Durenberger (R-MN) and Hatch (R-UT) were also in on the negotiations.

The bill now has bipartisan support as well as administration support - both of which will be critical when it goes to the floor of the House and Senate. It may happen that amendments are offered to restrict the strength of the bill and exclude people with AIDS and HIV infection.

But the success of the deal was evident on August 2, when the Senate Labor and Human Resources Committee passed the bill 16-0. With this type of Republican and Administration support, as well as the ongoing support of the Democrats, the disability community and the AIDS community, ADA may pass quickly, with its full protection intact.

UPCOMING CONFERENCES ON AIDS/HIV

-- September 10-12, Washington, D.C. The AIDS National Interfaith Network (ANIN) presents a "Skills Building Conference" entitled "AIDS Interfaith Ministries: Building Communities of Hope," location: First Baptist Church, 328 16th St., N.W., at "O" Street. Members: $50, Non-members, $75. For more information, call Amy C. Gregg, Conference Coordinator for ANIN at (212) 870-2100.

-- September 11-12, October 18-19, and December 6-7, 1989 in Boston, Mass. The AIDS Action Committee of Massachusetts, Inc. presents "Train the Trainer", to teach Personnel Managers and others how to handle AIDS in the workplace. To register, call 1-800-669-0696. Cost: $795 per registrant, $1195 for external consultants.

-- September 16th, 1989, Stanford University: The Second Annual Nutrition and AIDS Conference. For more information, contact the Cutting Edge, P.O. Box 392, Fremont, CA 94537-0392 or call (415) 797-9768.

-- October 10-14, 1989, San Francisco, CA: National AIDS Update: "Challenging AIDS: The Second Decade". Cost $145-$220; PWA's $25; PWA Scholarships available; contact: Director, National AIDS Update, c/o Krebs Convention Management Services, 555 DeHaro Street, Suite 200, San Francisco, CA 94107; FAX: (415) 255-8496.

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UPCOMING CONFERENCES, (Cont'd)

-- October 26-28, 1989, Cincinnati, OH. The National Episcopal AIDS Coalition presents "Our Church Has AIDS National Conference: Responding to AIDS--the Church as Prophet, Servant and Teacher." Cost: $85-115. For more information, contact the National Episcopal AIDS Coalition at P.O. Box 550275, Dallas, TX 75355, or call (214) 343-6936.

-- November 11, 1989, Washington, D.C. "AIDS/HIV: The Circle of Health Care Conference: A conference for concerned individuals and professionals." Registration fees: $25 for professionals, $8 for students. For information contact: Cathy Bustillos at Georgetown University, (202) 687-4870. Or write to CIRID at UCLA, c/o M & I, UCLA School of Medicine, Los Angeles, CA 90024-1747, (213) 825-1510.

-- January 19-21, 1990, Houston, TX. Samaritan College and UFMCC present Pastoral Care Challenges as AIDS/HIV Changes. For more information, contact Rev. A. Stephen Pieters, UFMCC AIDS Ministry, 5300 Santa Monica Blvd., #304, Los Angeles, CA 90029.

FOSCARNET INFORMATION NUMBERS

(From AIDS Treatment News, Issue #83, 7/14/89)

Many people with CMV retinitis are interested in the experimental treatment foscarnet, some because they did not obtain an effective response from the approved treatment, ganciclovir (DHPG), and others because they want to avoid the side effects of ganciclovir as well as make use of foscarnet's possible anti-HIV activity. In June, issue #80 of AIDS Treatment News printed the number of an ACT UP foscarnet organizing committee in San Francisco. The activists on this committee have done an excellent job of maintaining pressure on the Food and Drug Administration and the manufacturer of foscarnet, Astra, to develop wider access to the drug. The current alternatives for many people are to stay on ganciclovir but give up the option to use AZT because of the unacceptable combined bone marrow suppression, or to give up ganciclovir in order to stay on AZT. The first choice is life-threatening and the second one guarantees irreversible blindness. (For more background information, see AIDS Treatment News #71 and #77).

Thanks to the efforts of activist Terry Sutton who died in April, more people who want to try foscarnet may be eligible for a "salvage" trial, and should call Astra's hotline number: 800/225-6333. This number may be useful for other questions regarding foscarnet as well. But the organizing committee still maintains a phone line to connect with people who are interested in challenging the basic restrictions on foscarnet: 415/431-6088.

STUDDS: CUT RED TAPE ON EXPERIMENTAL AIDS DRUGS

Washington, D.C., August 14, 1989 -- Rep. Gerry E. Studds (D-MA) today urged the Department of Health and Human Services (HHS) to make critically needed experimental drugs more available to individuals with symptomatic HIV infection.

In a letter to HHS Secretary Louis Sullivan, co-signed by 34 members of Congress, Studds called on HHS to immediately implement a 'parallel track' procedure to allow far greater access to experimental AIDS drugs.

All AIDS drugs must be thoroughly tested in controlled clinical trials to win Food and Drug Administration (FDA) approval. Participants in these trials are carefully screened for specific medical criteria, and must live near designated test sites, most of which are on the East and West coasts.

"The safety of a drug is determined early in its trials, but FDA approval is withheld until its therapeutic effectiveness is verified," Studds said. "That process can take years -- years which many afflicted with HIV simply do not have."

Currently, HIV-infected persons who do not qualify for trials have no legal access to these experimental drugs. Studds said that a 'parallel track' procedure would give them access to the potentially life-saving medicines which have been determined to be safe, without disrupting ongoing research about the ultimate effectiveness of the drugs.

"At present, the only FDA-approved anti-retroviral drug is AZT," Studds said. "While this drug has helped improve the quality of life for persons with HIV, its effectiveness has been extremely limited. Moreover, AZT is often toxic, and many have been unable to tolerate it or have developed resistance after just six months."

"A parallel track approach may be structured in a manner which does not compromise effectiveness research," the Studds letter stated. "This parallel track would make investigational AIDS drugs available to people with HIV who are not eligible for ongoing clinical trials and are, therefore, without alternative treatments."

Studds urged Secretary Sullivan to move urgently "to break the logjam which is leaving many Americans without treatments or hope."

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